Effectiveness of a Progress Note on Quality Care Indicators in a Get With the Guidelines Hospital

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Effectiveness of a Progress Note on Quality of Care Indicators in a Get with the Guidelines Hospital

By Michael Rossi MD, Zubina Mawji MD, Patricia Parker RN, BSN, BC, Katrina Fritz RN, BSN, Tamara Maslaido MS, Sherrine Eid MS, Thomas Wasser PhD

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INTRODUCTION:
Lehigh Valley Hospital and Health Network (LVHN) admits and treats over 1,400 CHF patients and 1,200 AMI patients each year, and these numbers continue to grow. Although LVHN has always done well managing the treatment of patients with these diagnoses, we are attempting to staff and equip evidence-based secondary prevention JCACHO and AMI modules on our inpatient:performance on the treatment and outcomes of patients treated for the diagnoses of CHF and AMI.

OBJECTIVES:
To develop a set of process and outcome indicators that will allow a measure of clinical outcomes (the right intervention, by the right staff at the right time and the right place) and the capacity for ongoing quality Improvement processes.
To improve our clinical outcomes for AMI and CHF patients.
To utilize American Heart Association's (AHA) Get with the Guidelines. Get With the Guidelines (GWTG) was developed and piloted by the AHA to reduce the gap in the adherence to the established secondary prevention guidelines in Hospitalized cardiovascular disease patients. The Cardiac Care Measures Progress Note (CCMP Note) was developed using quality measures derived from the AHA/ American College of Cardiology secondary prevention guidelines.
To improve multidisciplinary communication and help to educate attending medical staff, residents, nurses and patients on the value of process and outcome indicators for AMI and CHF.
To improve performance on JCACHO Core Measures for AMI and CHF, and to ensure compliance with public reporting.

METHODS:
Two Cardiac Quality Nurses were hired to intervene on patients who do not meet the evidence-based secondary prevention guidelines for AMI and CHF. Quality of care indicators were: Asprin given in the first 24 hours of admission, and ordered for discharge, Beta Blocker (BB) given in the first 24 hours of admission, and ordered for discharge, ACE-I used in the first 24 hours of admission, and ordered for discharge, CCM Progress Note, documented in the first 24 hours of admission, smoking cessation counseling increased by 25% in AMI patients and 35% in CHF patients.

RESULTS:
Results indicated that the CCM Progress Note implemented as an intervention was effective in several key areas:

- Administration of beta blockers within 24 hours of admission increased by 12.2% (p<0.01), and at discharge increased by 9.5% but is not yet significant.
- Discharge instructions, and home advisors given to patients increased by more than 56% (p<0.01).
- Other indicators indicating positive findings which were not yet significant were:
  - Administration of aspirin within 24 hours of admission increased by 6.1%.
  - Administration of aspirin at discharge increased by 2.6%.
  - ACE-I orders increased by 8.6% for AMI patients and 16.1% for CHF patients.
  - Smoking cessation counseling increased by 2.5% in AMI patients and 37.5% in CHF patients.

DISCUSSION:
- Intervention methodology suggests that process indicators and outcomes be monitored early and often within program implementation.
- Improvement in knowledge and confidence of nurses and physicians to have the appropriate medication ordered as indicated community and hospital resource material.

NEXT STEPS:
- One barrier has been physician and staff compliance and attitudes regarding the initiative and their role in making it a success. Constant feedback, positive reinforcement, and intervention have been seen to improve the reception of the project.
- Revisions to the CCM Progress Note have been requested by both the Cardiac Care Measures and the LVHN clinical staff, which have resulted in the improved tool presented here.
- Results for the data has been consistently higher than those for difficulty questions on the diagnosis of CHF, and identification of all CHF patients that need intervention continues to be an issue. Future initiatives may also be necessary to address the difficulty nature of this topic.
- Improved follow-through on each patient would improve the chances of the efficient discharge process. Initial patient volume and multiple hospital sites.
- This quality improvement initiative is proving to be an effective implementation of the JCACHO Care Measures for AMI and CHF.